

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/889701

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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11		10				
12		10				
13		10				
14		10				
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22		/				
23		7				
24		7				
25		7				
26		7				
27	/					
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31		/				
32		/				
33		/				
34		18				
35		8				
36		8				
37		8				
38		8				
39	/					
40		10				
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42		/				
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49						
50						
TOTAL IND.	8					
TOTAL DEP.	108					
TOTAL CLAIMS	116					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						